

apparently been a primary slow degeneration of the posterior columns. Cases illustrating the several affections were appended to the paper. Dr. Gowers had found that most of the cases considered in the paper were not amenable to anti-syphilitic treatment in the same degree as the adneurial diseases; but in most of the cases the diseases had existed for some time before they came under observation, and the importance of the trial of early treatment by those who had the opportunity was strongly urged. If it were found that in these affections, as in some of the late manifestations of inherited syphilis, tonic rather than specific treatment was needed, it was probable that the connection with syphilis was an indirect one. Some observations on the prognosis in the common syphilitic diseases of the nervous system (of membranes, vessels, and growths) concluded the paper. It was urged that more caution in prognosis is necessary, by discrimination of the adneurial syphilitic disease, which could be cured, from the neural effect, which was not syphilitic and was often beyond treatment.

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THE MENSTRUAL PSYCHOSES.—The following is the abstract of a paper by Dr. Krafft-Ebing in the *Archiv. f. Psychiatrie*, VIII., 1, 65, as given in the *Revue des Sci. Méd.*, Oct., 1878:

The author gives his first pages to the collection of certain facts scattered through medical literature, and relating to psychoses occurring periodically at the menstrual periods. He adds to these nineteen observations of his own, of this kind of insanity, in which the symptomatology, the march, the prognosis, and the effects of treatment (in particular, the administration of bromide of potassium) are given in full detail.

He next discusses the pathology of menstrual psychoses. All agree in admitting that in females, at the period of menstruation, the nervous system exhibits a certain greater vulnerability than is its habit; hence it might be questioned whether the psychic disorders coming on at these periods, are any more than an exaggeration of the phenomena of excitation usually observed in females at this period of their physiological existence. But facts of clinical observation show the intervention, in menstrual psychoses, of a predisposition of older date which renders the intellectual centres a veritable *locus minoris resistantie*. In eleven of the cases observed by Krafft-Ebing, the influence of heredity was very manifest, and in all those in regard to whose antecedents particulars could be gained, were exhibited all the signs of a neuropathic constitution, with disorders of sensibility, of motility, and of the vaso-motor system.

On the other hand, as the functional disorders of menstruation and the lesions of the genital organs are not always very marked, and may even be lacking, it is evident that the physiological process of menstruation is, of itself, capable of provoking an acute psychosis in a woman whose brain is in a condition of abnormal excitability.

As to the pathogenic mechanism of these psychoses, they are evidently vaso-motor neuroses, characterized by periodical congestions of the cerebral centres. It remains to be seen how the menstrual process can develop phenomena of fluxion in the brain, analogous to those that have the genital

organs for their locality. But the menstrual fluxion, according to Pflueger, is only a reflex process, having its point of departure in the irritation of the ovarian nerve, which is transmitted next to the central organs of the nervous system. It is therefore admissible that, under pathological conditions, this ovarian nerve excitation irradiates over a greater extent of the nervous centres, and that it involves vascular territories, that under normal conditions would not have been implicated.

Menstrual psychoses may develop themselves at any epoch of sexual life.

Considered in point of view of their symptomatology, the menstrual psychoses are grouped in two principal clinical classes: the melancholic and the maniacal, the latter being the most frequent. There is nothing specific in their symptoms. It is only in an etiological point of view that they require any distinct place in mental pathology.

In the interval of the paroxysms we observe a prostration with physical and mental exhaustion, the duration of which is in relation with the intensity and duration of the paroxysms themselves, and in addition the symptoms of a neuropathic constitution.

As regards their progress, the paroxysms have a tendency to return at each menstrual period. But it is not uncommon for them to be suppressed for months and even years, when the patients' constitutions are improved and they are placed in good hygienic conditions. Nevertheless the prognosis, like that of periodical psychoses generally, is not very favorable.

The first point in the treatment is to fulfill the causal indications. We must treat the neuropathic constitution of the patients and seek to diminish the impressionability of the brain centres, by improving the nutrition, protecting the patients from excitement and especially genital excitations, and treating uterine disorders if there are any.

Kraft-Ebing has made a trial of bromide of potash in the treatment of these affections, employed as a preventive, between the paroxysms; the medicine has given lasting success six times in nine cases; in three others the success has been only temporary. Even when given during the attack the bromide has given good results five times out of nine, in the other four the results were negative. For the medicine to act the daily quantity should not be less than six grammes. Opium, morphine, and chloral are shown to be absolutely inefficacious in the treatment of menstrual psychoses.

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THE PATHOGENESIS OF CEREBRAL HEMORRHAGE.—Eichler, *Deutsch. Arch. f. klin. Med.*, XXI., 1-32. (Abstr. in *St. Petersburg. Med. Wochenschr.*, No. 42, 1878.)

The author first gives an extended historical *resumé* of the changes in the views regarding cerebral hemorrhage, and thoroughly examines the view of Charcot and Burchard that miliary aneurisms of the smaller arteries supply the cause of the hemorrhage. On the incitation of Prof. Heller, of Kiel, he examined 3-400 miliary aneurisms, and among others those taken from two brains by himself. These miliary aneurisms are due to an arteritis, affecting especially the intima. The following are his general conclusions: